



KWONG WAI SHIU HOSPITAL

廣 惠 肇 留 醫 院

Since 1910

Auction Form

Date: _____ Lunar Date (only in chinese): _____ Bidding Price: _____

Name of Organisation: _____

Name (Mr/Mrs/Mdm/Ms): _____

_____ NRIC No: _____

Company: _____

Postal Address: _____

_____ Singapore: _____

Contact No: _____ (Res) _____ (O) _____ (Hp)

Email: _____

Paying By: (a) Cash

(b) Cheque No. _____ Date Of Payment: _____

Official Receipt (TBC): _____ Auction Item No: _____

Remarks: _____

■ Our Hospital will collect the payment within 90 days from the date of auction.

■ Cheque should be crossed and made payable to 'Kwong Wai Shiu Hospital'.
Please state 'Auction' behind the cheque.

■ All donations are double tax-deductible.

■ Kindly send the completed forms to:

Kwong Wai Shiu Hospital,
Fund Raising Department,
705, Serangoon Road,
Singapore 328127

Or fax to 62958131. Attn to Ms Angie Ng, Fund Raising Department.